

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
ENTERED
Date Stamp Received
MAY 29 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0092
Date:	5-4-14
Amount Paid:	\$755.29.14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>James Halverson</u>	Mailing Address: <u>Same</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Telephone: <u>715 817-5122</u>
Address of Property: <u>7625 Staples Ave.</u>		Contractor Phone: <u>Plumber:</u>	Cell Phone:
Contractor: <u>Self</u>		Agent Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION <u>1/4, 1/4</u>		PIN: (23 digits) <u>04 094-2-47-08-07-200-208-10000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>892</u> Page(s) <u>96</u>
Section <u>7</u> , Township <u>47</u> N, Range <u>8</u> W		Lot(s) No. <u>20-24</u>	Block(s) No. <u>8</u>
Town of: <u>Iron River</u>		Subdivision: <u>Staples Addition</u>	Lot Size <u>1.373</u>
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->		Distance Structure is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$1,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
		<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
				<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>36</u>	Width: <u>28</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>12</u>	Width: <u>12</u>	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X)	
	with Loft	(<input type="checkbox"/> X)	
	with a Porch	(<input type="checkbox"/> X)	
	with (2 nd) Porch	(<input type="checkbox"/> X)	
	with a Deck	(<input type="checkbox"/> X)	
	with (2 nd) Deck	(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X)	
	Mobile Home (manufactured date)	(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Deck</u>	(<input type="checkbox"/> 12 X 12)	144
	<input type="checkbox"/> Accessory Building (specify)	(<input type="checkbox"/> X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X)	
	Special Use: (explain)	(<input type="checkbox"/> X)	
	Conditional Use: (explain)	(<input type="checkbox"/> X)	
	Other: (explain)	(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Owner(s): James Halverson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)Date 5-28-14

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above
Copy of Tax Statement ☒

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Stamp: RECEIVED
MAY 21 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0093
Date: 6-4-14
Amount Paid: \$755.00
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: TOMAS P DAHLGREN
Address of Property: 68485 N. DAW ST.
Contractor: IRON RIVER WIS 54947
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: 715 372-5715
Agent Mailing Address (include City/State/Zip): 2-00-288-4000
Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, SE 1/4
PIN: (23 digits) 04-044-2-47-08-074 01-000-01100
Recorded Document (i.e. Property Ownership) Volume 648 Pages 61
Subdivision: 299

Section 7, Township 47 N, Range 8 W
Town of: IRON RIVER
Distance Structure is from Shoreline: ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue -->
Distance Structure is from Shoreline: ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->
Distance Structure is from Shoreline: ☐ Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of completion \$14,000
Project: (What are you applying for)
Use: ☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☒ Municipal/City
What Type of Sewer/Sanitary System Is on the property? ☒ City ☐ Well

☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☐ Sanitary (Exists) Specify Type: ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)
☐ Conversion ☐ 2-Story ☐ 3
☐ Relocate (existing bldg) ☐ Basement ☒ None ☐ Portable (w/service contract)
☐ Run a Business on Property ☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:
Proposed Construction: Length: Width: Height:

Proposed Use: ☒ Residential Use
Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.)
with Loft
with a Porch
with (2nd) Porch
with a Deck
with (2nd) Deck
with Attached Garage
Bunkhouse w/ ☐ sanitary, ☐ sleeping quarters, ☐ cooking & food prep facilities
Mobile Home (manufactured date)
Addition/Alteration (specify)
Accessory Building (specify) garage
Accessory Building Addition/Alteration (specify)
Special Use: (explain)
Conditional Use: (explain)
Other: (explain)

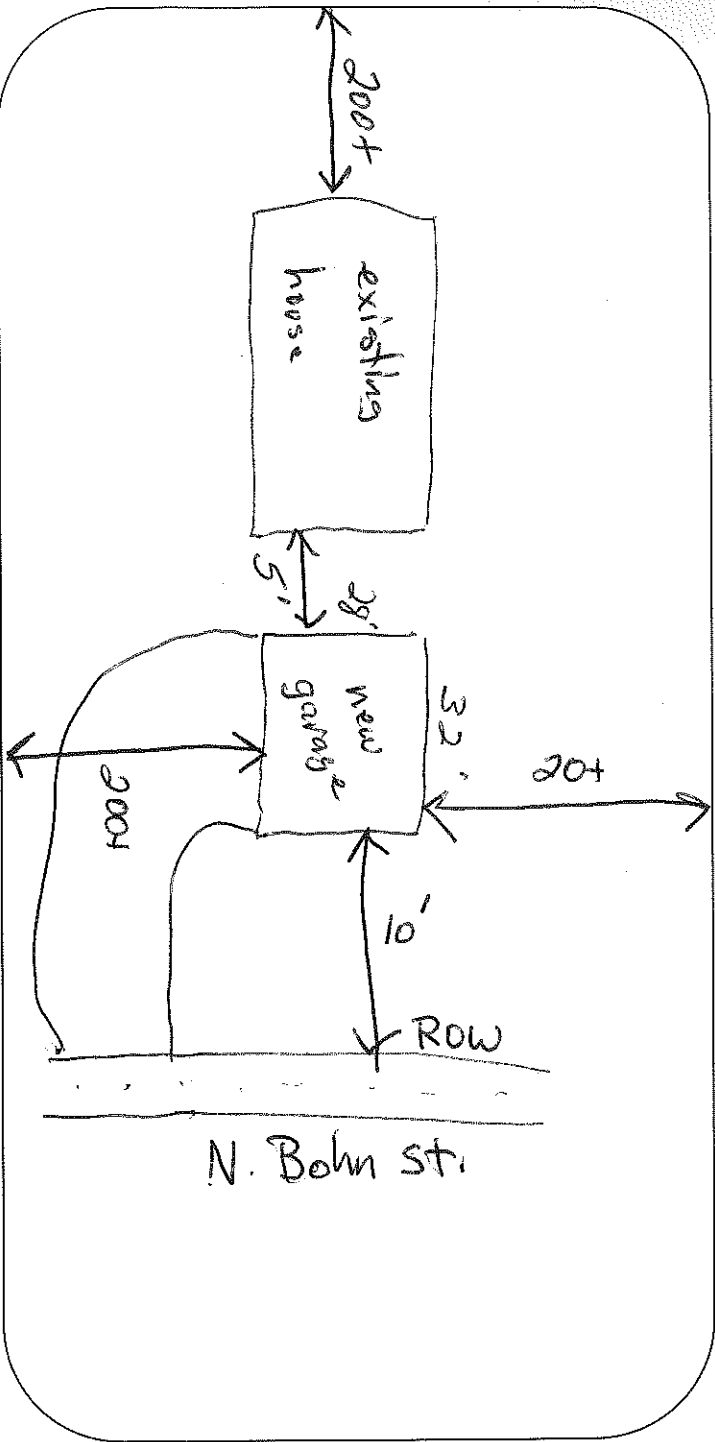
Rec'd for Issuance JUN 04 2014
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): TOMAS P DAHLGREN
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 5-21-14
Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date
Address to send permit Same as above
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	17' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	10' Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	300+ Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	200+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the West Lot Line	200+ Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	200+ Feet		NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0094		Permit Date: 6-4-14				
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #:		
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						
well staked. Metal setbacks.						
Date of Inspection: 6-3-14		Inspected by: M. Funtak				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)						
May not be used for human habitation. No water under pressure in structure.						
Signature of Inspector: Michael Funtak						
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	Date of Approval: 6-4-14	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
MAY 19 2014

ENTERED

Permit #:	14-0099
Date:	6-6-14
Amount Paid:	\$755.00-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Robert Fiegle	Mailing Address: 925 Bigelow ST.	City/State/Zip: Washburn, WI 54891	Telephone: 373-2120
Address of Property: 64240 Co. Hwy A		City/State/Zip: Iron River, WI 54847	Cell Phone:
Contractor: self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Parcels 18,19,20,21 in		Agent Phone:	
Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION SW 1/4, SW 1/4	Legal Description: (Use Tax Statement) SW 1/4, SW 1/4	PIN: (23 digits) 04-024-2-47-08-31-303-600-03000	Recorded Document: (i.e. Property Ownership) Volume 606 Page(s) 390
Section 31 , Township 47 N, Range 8 W	Town of: Iron River	Lot Size	Acres 2.03
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue --> <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: 75 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$1,000	Project <input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: sewer <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
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Existing Structure: (if permit being applied for is relevant to it)	Length: 28'	Width: 6	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

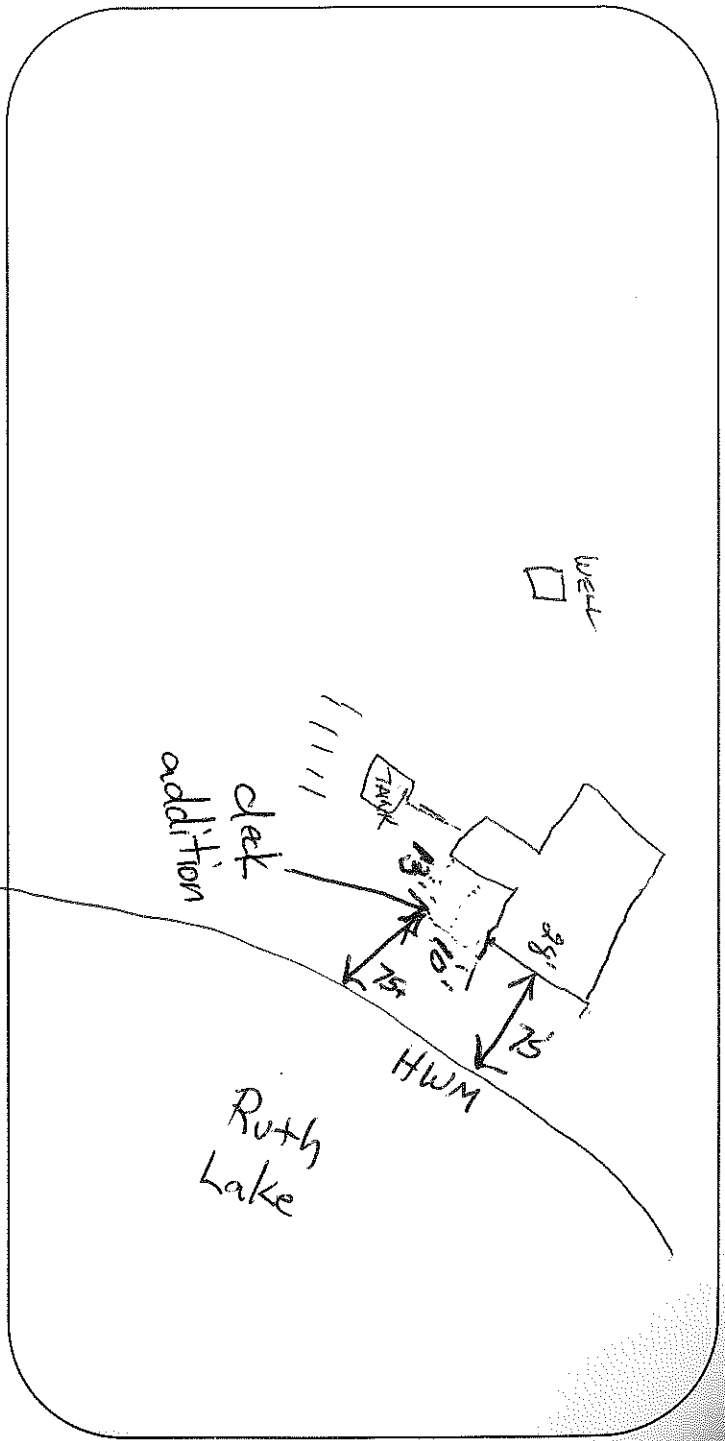
Proposed Use <input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) <input checked="" type="checkbox"/> Addition/Alteration (specify) deck <input type="checkbox"/> Accessory Building (specify) 10 x 12 <input type="checkbox"/> Accessory Building Addition/Alteration (specify) 130	Proposed Structure <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) <input checked="" type="checkbox"/> Addition/Alteration (specify) deck <input type="checkbox"/> Accessory Building (specify) 10 x 12 <input type="checkbox"/> Accessory Building Addition/Alteration (specify) 130	Dimensions	Square Footage
Rec'd for Issuance JUN 06 2014	Special Use: (explain) _____			
	Conditional Use: (explain) _____			
	Other: (explain) _____			

Secretarial Staff
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I, the undersigned, am the owner(s) of the property described herein, and I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable purpose for the purposes of inspection.
Owner(s): **Robert Fiegle**
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: **5-19-14**
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit **same as above**

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	280+ Feet	Setback from the Lake (ordinary high water mark)	73 Feet
Setback from the Established Right-of-Way	260+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	20+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	300+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	12 Feet	Setback to Well	28 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0099		Permit Date: 6-6-14		
Is Parcel a Sub-Standard lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (R-1)		
Mata set backs less than 15% impervious surfaces.		Lakes Classification (2)		
Date of Inspection: 5-23-14		Inspected by: M. Fustak		Date of Re-Inspection:
Condition(s) of Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)				
Signature of Inspector: Michael Smith				
Date of Approval: 6-6-14				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				